

SERFF Tracking Number:	LHLI-125847417	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40474
Company Tracking Number:	PRFREINAPP08-ARWM		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PRFREINAPP08-AR		
Project Name/Number:	Reinstatement Application for Preferred / Term Life Insurance/		

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: PRFREINAPP08-AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: LHLI-125847417

SERFF Status: Closed

Co Tr Num: PRFREINAPP08-ARWM

Co Status:

Authors: Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig

Date Submitted: 10/07/2008

State: ArkansasLH

State Tr Num: 40474

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/10/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Reinstatement Application for Preferred / Term Life Insurance

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Illinois is domicile state.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Reinstatement Application for Preferred / Term Life Insurance

Form file on October 3, 2008

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number: LHLI-125847417 *State:* Arkansas
Filing Company: Lincoln Heritage Life Insurance Company *State Tracking Number:* 40474
Company Tracking Number: PRFREINAPP08-ARWM
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: PRFREINAPP08-AR
Project Name/Number: Reinstatement Application for Preferred / Term Life Insurance/

PRFREINAPP08-AR – Reinstatement Application for Preferred / Term Life Insurance

We submit reinstatement application form PRFREINAPP08-AR for your review and approval.

This reinstatement application form will initially be used for reinstatement and redating the life insurance policies of our current policyholders that have lapsed.

This form will not be marketed with an illustration.

Form PRFREINAPP08-AR is a new form and does not replace any form currently on file with your department.

Form PRFREINAPP08-AR will initially be used with policy forms TL10Y07-AR, WL06-AR and 20P06-AR.

Policy form TL10Y07-AR was submitted as a SERFF filing under tracking number LHLI-125302686. This filing was closed with a disposition of approved on November 16, 2007.

Policy forms WL06-AR and 20P06-AR were submitted as a paper filing. These forms were approved on November 14, 2005.

To the best of my knowledge, information and belief, this form is in compliance with the provisions of the insurance laws, rules and regulations of your state, and does not contain any controversial, unusual or previously disapproved provisions.

Company and Contact

Filing Contact Information

Wanda McNeece,
4343 E Camelback Rd
Phoenix, AZ 85018

wanda.mcneece@londen-insurance.com
(800) 433-8181 [Phone]
(602) 808-8845[FAX]

Filing Company Information

SERFF Tracking Number:	LHLI-125847417	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40474
Company Tracking Number:	PRFREINAPP08-ARWM		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PRFREINAPP08-AR		
Project Name/Number:	Reinstatement Application for Preferred / Term Life Insurance/		

Lincoln Heritage Life Insurance Company	CoCode: 65927	State of Domicile: Illinois
4343 East Camelback Road	Group Code:	Company Type: Life and Health
Phoenix, AZ 85018	Group Name:	State ID Number:
(800) 433-8181 ext. [Phone]	FEIN Number: 04-2314290	

<i>SERFF Tracking Number:</i>	<i>LHLI-125847417</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40474</i>
<i>Company Tracking Number:</i>	<i>PRFREINAPP08-ARWM</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PRFREINAPP08-AR</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application for Preferred / Term Life Insurance/</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form x \$50.00 per form = \$50.00 total fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	10/07/2008	23000568

SERFF Tracking Number:	LHLI-125847417	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40474
Company Tracking Number:	PRFREINAPP08-ARWM		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PRFREINAPP08-AR		
Project Name/Number:	Reinstatement Application for Preferred / Term Life Insurance/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/10/2008	10/10/2008

<i>SERFF Tracking Number:</i>	<i>LHLI-125847417</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40474</i>
<i>Company Tracking Number:</i>	<i>PRFREINAPP08-ARWM</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PRFREINAPP08-AR</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application for Preferred / Term Life Insurance/</i>		

Disposition

Disposition Date: 10/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LHLI-125847417	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40474
Company Tracking Number:	PRFREINAPP08-ARWM		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PRFREINAPP08-AR		
Project Name/Number:	Reinstatement Application for Preferred / Term Life Insurance/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Consent to submit		Yes
Form	Reinstatement Application for Preferred / Term Life Insurance		Yes

SERFF Tracking Number:	LHLI-125847417	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40474
Company Tracking Number:	PRFREINAPP08-ARWM		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PRFREINAPP08-AR		
Project Name/Number:	Reinstatement Application for Preferred / Term Life Insurance/		

Form Schedule

Lead Form Number: PRFREINAPP08-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PRFREINAP PP08-AR	Application/ Reinstatement Enrollment Form	Application for Preferred / Term Life Insurance	Initial		41	PRFREINAP P08-AR.pdf

**APPLICATION FOR REINSTATEMENT
PREFERRED / TERM**

Lincoln Heritage Life Insurance Company
Executive Offices
4343 East Camelback Road
Phoenix, AZ 85018

REDATE ☐

Insured(s) _____ Policy # _____

I understand that said policy will not be reinstated until this application has been approved by the Company and the necessary premium has been received at the Home Office. The following representations may be used as a basis for contest of a claim for not more than two (2) years after the date of such representation.

	Yes	No
1. Has the applicant used any form of tobacco in the past 24 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any proposed insured been diagnosed with a terminal illness or received hospice care?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any proposed insured currently bedridden or has any proposed insured been hospitalized or in a care facility in the past 60 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any proposed insured need assistance performing their Activities of Daily Living including feeding, bathing or dressing themselves?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any proposed insured been diagnosed, by a member of the medical profession, with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any proposed insured been hospitalized two or more times in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past five years, has any proposed insured had, been diagnosed with, been treated for or taken medication for any of the following conditions:		
a. Heart disease including heart attack, heart surgery, congestive heart failure or angina pectoris?	<input type="checkbox"/>	<input type="checkbox"/>
b. Disease of the circulatory system including stroke, TIA (Transient Ischemic Attack), aneurysm, peripheral vascular disease, deep vein thrombosis, or a surgery to improve circulation such as a stent, balloon or bypass surgery?	<input type="checkbox"/>	<input type="checkbox"/>
c. Lung disease, other than asthma, including emphysema, pulmonary fibrosis, tuberculosis, chronic bronchitis, sarcoidosis, COPD (Chronic Obstructive Pulmonary Disease) or used oxygen to assist in breathing?	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer or any form of malignancy other than basal cell skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>
e. Liver disease including cirrhosis or hepatitis C; kidney disease including kidney dialysis; systemic lupus; organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
f. Alzheimer's disease or dementia, organic brain syndrome, ALS (Lou Gehrig's disease), multiple sclerosis, muscular dystrophy, cystic fibrosis or cerebral palsy?	<input type="checkbox"/>	<input type="checkbox"/>
g. Alcohol abuse or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
h. Complications of diabetes including insulin shock, amputation, diabetic coma, blindness; kidney disorder/nephropathy, neuropathy or retinopathy?	<input type="checkbox"/>	<input type="checkbox"/>
i. Complications of high blood pressure including hospitalization or blood pressure readings exceeding 150/90?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any proposed insured have the combination of high blood pressure and diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any proposed insured been advised to have a diagnostic test or surgery which has not yet been performed or does any proposed insured have medical test results pending?	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past five years, has any proposed insured been incarcerated, been convicted of a DUI/DWI or had driver's license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all proposed insureds permanently reside in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is any insured taking any medications? If so, list medication(s) and usage(s) below:	<input type="checkbox"/>	<input type="checkbox"/>

Current Medications and Usages: _____

Describe illness or injuries: _____

_____ Date of onset: _____

Date(s) of Hospitalization(s): _____ Doctor's Phone # _____

Doctor's Name and Address _____

I have read the above questions and answers. I affirm that they are true to the best of my knowledge and belief.

I understand that the company will rely on my answers above in reinstating any life insurance hereunder.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If previously on Automatic Bank Draft / PreAuthorized Payment Plan, do you wish to resume? ☐ Yes ☐ No

Signature of Owner _____ Date: _____

Signature of Insured: _____ Date: _____

<i>SERFF Tracking Number:</i>	<i>LHLI-125847417</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40474</i>
<i>Company Tracking Number:</i>	<i>PRFREINAPP08-ARWM</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PRFREINAPP08-AR</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application for Preferred / Term Life Insurance/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	LHLI-125847417	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	40474
Company Tracking Number:	PRFREINAPP08-ARWM		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PRFREINAPP08-AR		
Project Name/Number:	Reinstatement Application for Preferred / Term Life Insurance/		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	10/07/2008
Comments:		
Attachment:		
CERT OF FLESCH.pdf		

	Review Status:	
Satisfied -Name:	Consent to submit	10/07/2008
Comments:		
Attachment:		
ARKANSAS CONSENT TO SUBMIT RATES.pdf		

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules, and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s): PRFREINAPP08-AR – Reinstatement Application for Preferred / Term Life Insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY


Wanda McNeece, Compliance Associate

October 7, 2008

CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

The Lincoln Heritage Life Insurance Company of Springfield, Illinois, does hereby consent and agree:

- A) That all premium rates and/or cost bases both maximum and current or projected used in relation to forms numbered PRFREINAPP08-AR must be filed with the Insurance Commissioner for the State of Arkansas at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

OR

- B) That where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a change of rates it will stay within and will notify the Department at least sixty (60) days prior to any changes in the range of rates. The company must also document the method used to calculate its premiums and range of rates.

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Wanda McNeece, Compliance Associate

Date: October 7, 2008